

**OFFICIAL**State: New York

Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

## 25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act      --

## 26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determines eligibility for coverage.

93-27  
 TN No. 91-76      Approval Date SEP 14 1993      Effective Date APR 1 1993  
 Supersedes  
 TN No.

**OFFICIAL**State: New York

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

TN No. <u>93-27</u>	Approval Date <u>SEP 14 1993</u>	Effective Date <u>APR 1 1993</u>
Supersedes <u>NEW</u>		
TN No. <u>NEW</u>		

OFFICIAL

Revision: PM 95-2  
HCFA RO  
FEBRUARY 1995

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State: New York

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(e) of  
the Act

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

\*Agency that determines eligibility for coverage.

TN No. 95-15  
Supersedes APR 26 1995 Approval Date Effective Date FEB 10 1995  
TN No. New

State: New York

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
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☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR 435.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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\*Agency that determines eligibility for coverage.

91-77  
TN No.            Approval Date MAR 11 1992 Effective Date OCT 1 1991  
Superseded New  
TN No. New HCFA ID: 7983E

Citation(s)

Groups Covered

B. Optional Groups – Other Than Medically Needy  
(Continued)

42 CFR 435.212

&amp; 1902(e) of the Act,

P.L. 99-272 (section 9517)

P.L. 101-508(section 4732)

P.L. 105-33 (section 4708)

X 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in a Medicaid managed care organization as defined in section 1903(m)(1)(A), with a primary care case manager as defined in section 1905(l), or with an eligible organization under section 1876 of the Act, and who would (but for this paragraph) lose eligibility for benefits under this title before the end of the minimum enrollment period (not more than six months beginning on the effective date of enrollment), the State Plan may provide, notwithstanding any other provision of this title, that the individual shall be deemed to continue to be eligible for such benefits until the end of such minimum enrollment period, but, except for benefits furnished under section 1905(a)(4)(C), only with respect to such benefits provided to the individual as an enrollee of such organization or entity or by or through the case manager.

— The State elects not to guarantee eligibility.

X The State elects to guarantee eligibility. The minimum enrollment period in 6 months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the MCO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

X The date beginning the period of enrollment in the MCO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the MCO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or of periods of enrollment as a private paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

**OFFICIAL**

TN 99-18 Approval Date FEB 10 2000  
Supersedes TN 92-09 Effective Date APR 1 1999

Citation(s)

Groups Covered

B. Optional Groups – Other Than Medically Needy  
(Continued)

1932 of the Act P.L. 98-369 The Medicaid Agency may elect to restrict the disenrollment (section 2364), P.L. 99-272 rights of Medicaid enrollees of a managed care entity as defined (section 9517); P.L. 101-508 in section 1932 of the Act. The requirement applies unless a (section 4732), P.L. 105-33 recipient can demonstrate good cause for disenrolling or if (section 4701) he/she moves out of the entity's service area or becomes ineligible.

X Disenrollment rights are restricted for a period of 12 months (not to exceed 12 months).

During the first ninety (90) days of the first twelve month restricted period and after the first twelve months the recipient may disenroll without cause. The State will provide notification, at least sixty (60) days before the end of each enrollment period, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

— No restrictions upon disenrollment rights.

1903(m)(2)(H), 1902(a)(52) In the case of individuals who have become ineligible for of the Act P.L. 101-508 Medicaid for the brief period described in section 1903(m)(2)(H) (section 4732), P.L. 105-33 and who were enrolled with an entity having a contract under (section 4702(b)(1)(A) section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible into the same entity in which they were enrolled at the time eligibility was lost.

— The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

**OFFICIAL**

99-18 Approval Date FEB 10 2000  
Supersedes TN 2-09 Effective Date APR 1 1999

# OFFICIAL

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DECEMBER 1991

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State/Territory: New York

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverage.

TN No. 92-09 Approval Date APR 30 1992 Effective Date JAN 1 1992  
Supersedes  
TN No. 91-77 HCFA ID: 7983E

**OFFICIAL**

State: New York

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

\*Agency that determines eligibility for coverage.

TN NO. 91-97

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Supersedes

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OMB NO.: 0938-

State: New York

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220

☒

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☒

The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

☐

The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21

— 20

— 19

— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.2  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act

7. ☒

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age or younger as indicated below.

— 20

— 19

— 18

TN No. 91-77

Supersedes

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OCT 1 1991

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OFFICIAL

State: New York

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

- ☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
  - ☐ (a) In foster homes (and are under the age of \_\_\_\_\_).
  - ☐ (b) In private institutions (and are under the age of \_\_\_\_\_).
  - ☐ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_).
- ☐ (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_).

TN No. 91-47

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TN No. 86-298

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